

June 2007

Dear GIC Tufts Medicare Preferred Member,

Enclosed is a copy of the 2007 Tufts Medicare Preferred HMO Group Retiree Evidence of Coverage (EOC). This is a standard document for all Tufts Medicare Preferred HMO members who receive health care coverage through their former employer.

Along with this letter we have enclosed your Amendment to the standard 2007 Tufts Medicare Preferred HMO Group Retiree EOC. It describes the differences between the standard EOC and your coverage under the Commonwealth of Massachusetts Group Insurance Commission Tufts Medicare Preferred HMO plan.

Please review your Amendment carefully and be sure and keep it with your 2007 Evidence of Coverage.

If you have any questions, please call our Customer Relations department Monday through Friday, (8:30am to 5:00pm) at 1-800-701-9000 (for those who are hearing impaired and have TDD machines, please call TDD 1-800-208-9562).

Sincerely,

Ludovina Melo
Manager, Tufts Medicare Preferred Customer Relations

Enclosure

**AMENDMENT TO TUFTS MEDICARE PREFERRED
2007
GROUP RETIREE EVIDENCE OF COVERAGE
FOR
GROUP INSURANCE COMMISSION
COMMONWEALTH OF MASSACHUSETTS**

EFFECTIVE JANUARY 1, 2007

EOC Section 4 – Benefits Chart	Page	2007 EOC indicates:	Your 2007 GIC benefit is:
Inpatient hospital care	15	You pay \$200 deductible.	There is <u>no</u> deductible.
Inpatient mental health care	16	There is a 190-day lifetime limit in psychiatric hospital.	There is <u>no</u> 190-day limit.
Physician services, including doctor office visits, chiropractic services, podiatry services	19-20	You pay \$10 for each covered visit with your PCP. You pay \$15 for each covered visit with a specialist. You pay \$15 for each Medicare-covered visit with a chiropractor. You pay \$15 for each Medicare-covered visit with a podiatrist.	You pay \$10 for each covered visit with your PCP. You pay \$10 for each covered visit with a specialist. You pay \$10 for each Medicare-covered visit with a chiropractor. You pay \$10 for each Medicare-covered visit with a podiatrist.
Outpatient mental health care Outpatient substance abuse services	20	You pay \$15 for Medicare-covered mental health and substance abuse services for individual/group therapy visit(s).	You pay \$10 for Medicare-covered mental health and substance abuse services for individual/group therapy visit(s).
Outpatient Services/Surgery	21	You pay 20% of the Medicare allowable amount up to a maximum of \$50 per day for outpatient hospital and ambulatory surgical center procedures.	There is <u>no</u> co-payment.
Urgently needed care (office visits and emergency room visits)	22	You pay \$10 for each Medicare-covered urgently needed care office visit to your PCP, \$15 for each specialist office visit, and \$50 for each Medicare-covered urgently needed care emergency room visit.	You pay \$10 for each Medicare-covered urgently needed care office visit to your PCP, \$10 for each specialist office visit, and \$50 for each Medicare-covered urgently needed care emergency room visit.

EOC Section 4 – Benefits Chart	Page	2007 EOC indicates:	Your 2007 GIC benefit is:
Preventive Care and Screening Tests	25-27	If these services/screenings are provided in conjunction with a physician office visit, the physician co-pay may apply (\$10 PCP, \$15 specialist)	If these services/screenings are provided in conjunction with a physician office visit, the physician co-pay may apply (\$10 PCP, \$10 specialist)
Dental Services, limited to surgery of the jaw related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor.	30	You pay \$15 for each office visit.	You pay \$10 for each office visit.
Hearing Services	30	<p>You pay \$15 for a Medicare-covered hearing exam.</p> <p>You pay \$15 for each routine hearing test up to 1 test per calendar year.</p> <p>You are covered up to \$500 allowance for the purchase or repair of hearing aids every three years</p>	<p>You pay \$10 for a Medicare-covered hearing exam.</p> <p>You pay \$10 for each routine hearing test up to 1 test per calendar year.</p> <p>You are covered as follows for the purchase or repair of hearing aids: first \$500 covered at 100%; 80% coverage for next \$1,500 per person, per 2 year period</p>
Vision Care	31	<p>You pay \$15 for each Medicare-covered outpatient visit.</p> <p>You pay \$15 for an annual routine eye exam. No referral is necessary for this exam, but you must use plan providers.</p>	<p>You pay \$10 for each Medicare-covered outpatient visit.</p> <p>You pay \$10 for an annual routine eye exam. No referral is necessary for this exam, but you must use plan providers.</p>

EOC Section 5 – Exclusions and Limitations		Your 2007 GIC exclusion is:
Exclusion #18	35	Cosmetic surgery or procedures, <i>unless</i> it is needed because of accidental injury or to improve or restore physical impairment caused by accidental injury, congenital anomaly, or previous surgical procedure. Breast surgery and all stages of reconstruction for the breast on which a mastectomy was performed and, to produce a symmetrical appearance, surgery and reconstruction of the unaffected breast are covered.
Exclusion # 25	36	This exclusion is deleted.